SEP 0 2 2008 SEC

FORM D

PROCESSED

SEP 1 2 2008 ►

THOMSON REUTERS

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549 108

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB API	PROVAL
OMB Number:	3235-0076
Expires:	August 31, 2008
Estimated avera	ige burden
hours per respo	nse16
SEC USI	ONLY
Prefix	Serial
DATE RE	CEIVED
ι ι	

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Sale of Limited Partnership Interests in AXIOM ASIA PRIVATE CAPITAL FUND II, L.P.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: Amendment	Section 4(PROCESSED
A. BASIC IDENTIFICATION DATA	SEP 1 2 2008
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) AXIOM ASIA PRIVATE CAPITAL FUND II, L.P.	THOMSON REUTERS
Address of Executive Offices (Number and Street, City, State, Zip Code) c/o Codan Services, 4 th Floor, Century Yard, Cricket Square, Hutchins Drive, P.O. Box 2681GT, Grand Cayman, Cayman Islands	Telephone Number (Including Area Code) (345) 949-1040
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same	Telephone Same
Brief Description of Business Venture Capital Investment	08059351
Type of Business Organization corporation limited partnership, already formed other limited partnership, to be formed other limited partnership.	r (please specify):
Actual or Estimated Date of Incorporation or Organization: Month Year	Actual

GENERAL INSTRUCTIONS

Federat:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

0.00						
OMB APPR	OVAL					
OMB Number: 3235-0076						
Expires: Au	agust 31, 2008					
Estimated average	e burden					
hours per respons	e16					
SEC USE (ONLY					
Prefix	Serial					
DATE REC	EIVĘD					
<u> </u>						

SEC

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Sale of Limited Partnership Interests in AXIOM ASIA PRIVATE CAPITAL FUND II, L.P.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: New Filing Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) AXIOM ASIA PRIVATE CAPITAL FUND II, L.P.	
Address of Executive Offices (Number and Street, City, State, Zip Code) c/o Codan Services, 4 th Floor, Century Yard, Cricket Square, Hutchins Drive, P.O. Box 2681GT, Grand Cayman, Cayman Islands	Telephone Number (Including Area Code) (345) 949-1040
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same	Telephone Number (Including Area Code) Same
Brief Description of Business Venture Capital Investment	
Type of Business Organization corporation business trust limited partnership, already formed limited partnership, to be formed other	(please specify):
Actual or Estimated Date of Incorporation or Organization: Month Year 0 7 0 8	Actual

GENERAL INSTRUCTIONS

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Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

			A	. BASIC ID	ENTI	FICATION DATA				***************************************
 Each beneficial o 	the issue wner hav fficer and	er, if the issuer l ring the power t I director of cor	has been o vote o porate is	ssuers and of corpora	e vote	ive years; or disposition of, 109 eral and managing par	or mers o	ore of a class of partnership	of equity issuers; a	securities of the issuer; nd
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director	Ø	General and/or Managing Partner
Full Name (Last name first	•	•								
Axiom Asia Private Capi		-								
Business or Residence Add c/o Codan Services, 4 th Fl					Drive.	P.O. Box 2681GT.	Grand	i Cavman, C	avman	Islands
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first Goh, Yewhong	t, if indiv	vidual)								
Business or Residence Add c/o Codan Services, 4 th Fl					Orive,	P.O. Box 2681GT,	Grand	i Cayman, C	Cayman	Islands
Check Box(es) that Apply:	×	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first Lam, Chihtsung	t, if indiv	/idual)							-:: <u>-</u>	
Business or Residence Add c/o Codan Services, 4 th Fl	•			-	Orive,	P.O. Box 2681GT,	Grand	d Cayman, C	Cayman	Islands
Check Box(es) that Apply		Promoter	☒	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name firs The William and Flora H										
Business or Residence Ade	dress (N	umber and Stre	et, City	, State, Zip Code)						
221 Sand Hill Road, Men	lo Park	, CA 94025						•		
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name firs	t, if indiv	vidual)								
Business or Residence Add	dress (N	umber and Stre	eet, City	, State, Zip Code)						
Check Box(es) that Apply		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name firs	t, if indiv	vidual)								
Business or Residence Add	dress (N	umber and Stre	eet, City	, State, Zip Code)						
Check Box(es) that Apply		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name firs	t, if indi	vidual)								
Business or Residence Ad	dress (N	umber and Stre	eet, City	, State, Zip Code)			•			
		(Use blar	ık sheet	, or copy and use ad	dition	al copies of this shee	t, as n	ecessary)		

				В.	INFOR	MATION A	ABOUT OF	FERING				
Has th	e issuer sold,	or does the is	surr intend t	o sell to nor	1-accredited (investors in t	his offering?				Yes	No ⊠
7, 114, 11	ic issuer sora,	en does me i.	,,act mena t		ilso in Appen						_	_
2. What i	is the minimu	ın investmen	that will be	accepted fro	m any indivi	dual?		.,,,,,	***************************************		\$	N/A
3. Does t	he offering pe	ermit joint ov	nership of a	single unit?	***************************************						Yes ⊠	.No □
4. Enter (the information	on requested	for each pers	son who has	been or will	l be paid or	given, direct	ly or indirect	ily, any com	mission or	_	
associa dealer.	r remuneration ated person or . If more th	ragent of a b an five (5) [roker or deal persons to b	ler registered	I with the SE	C and/or wit	th a state or:	states, list the	name of the	e broker or		
	nation for that Last name fir				······································							
Business or	Residence Ac	ldress (Numb	er and Street	, City, State	, Zip Code)	.=						
Name of As	sociated Brol	er or Dealer								<u> </u>		
States in WI	hich Person L	isted Has Sol	icited or Inte	nds to Solic	it Purchasers	<u> </u>						
	All States" or									,	☐ Al	l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[II.]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (Last name für	st, if individu	nal)		-			<u>, </u>				
Business or	Residence A	ddress (Numb	per and Street	, City, State	, Zip Code)				-			
Name of As	sociated Brol	er or Dealer							· • • •			
States in WI	hich Person L	isted Has So	licited or Inte	nds to Solic	it Purchasers			_ -				
(Check ".	All States" or	check indivi	duals States)								☐ Al	l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	{HII}	[ID]
[AL] [IL]	[AK] [IN]		[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [[MA]	[FL] [MI]	[GA] [MN]	[III] [MS]	[ID] [MO]
• •	•	[AZ]								•	. ,	
[IIL]	[IN]	[AZ] [IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[IL] {MT] [RI]	[IN]	[AZ] [IA] [NV] [SD]	[KS] [NH] [TN]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[[MA]	[МI] [ОН]	[MN] [OK]	[MS]	[MO] [PA]
[IL] {MT] [RI] Full Name ([IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[KS] [NH] [TN]	(KY) [NJ) [TX]	[LA] [NM] [UT]	[ME] [NY]	[MD] [NC]	[[MA]	[МI] [ОН]	[MN] [OK]	[MS]	[MO] [PA]
[IL] [MT] [RI] Full Name ([IN] [NE] [SC]	[AZ] [IA] [NV] [SD] st, if individu	[KS] [NH] [TN]	(KY) [NJ) [TX]	[LA] [NM] [UT]	[ME] [NY]	[MD] [NC]	[[MA]	[МI] [ОН]	[MN] [OK]	[MS]	[MO] [PA]
[IL] [MT] [RI] Full Name (Business or	[IN] [NE] [SC] (Last name fir	[AZ] [IA] [NV] [SD] st, if individuates (Number or Dealer	[KS] [NH] [TN] nal) per and Street	[KY] [NJ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC]	[[MA]	[МI] [ОН]	[MN] [OK]	[MS]	[MO] [PA]
[IL] [MT] [RI] Full Name (Business or Name of As	[IN] [NE] [SC] (Last name fire Residence Accessociated Brokensee Brokense Brokensee B	[AZ] [IA] [NV] [SD] st, if individuates (Number or Dealer	[KS] [NH] [TN] per and Street	[KY] [NJ] [TX] t, City, State	[LA] [NM] [UT] c, Zip Code)	[ME] [NY] [VT]	[MD] [NC]	[[MA]	[МI] [ОН]	[MN] [OK]	[MS] [OR] [WY]	[MO] [PA]
[IL] [MT] [RI] Full Name (Business or Name of As	[IN] [NE] [SC] (Last name fire Residence Accessociated Brolehich Person L	[AZ] [IA] [NV] [SD] st, if individuates (Number or Dealer	[KS] [NH] [TN] per and Street	[KY] [NJ] [TX] t, City, State	[LA] [NM] [UT] c, Zip Code)	[ME] [NY] [VT]	[MD] [NC]	[[MA]	[МI] [ОН]	[MN] [OK]	[MS] [OR] [WY]	[MO] [PA] [PR]
[IL] [MT] [RI] Full Name (Business or Name of As States in WI (Check **	[IN] [NE] [SC] (Last name fire Residence Additional Person L All States" or	[AZ] [IA] [NV] [SD] st, if individual ddress (Number or Dealer isted Has Sole check individual december is the state of t	[KS] [NH] [TN] per and Street licited or Inte	[KY] [NJ] [TX] t, City, State	[LA] [NM] [UT] , Zip Code)	[ME] [NY] [VT]	[MD] [NC] [VA]	[[MA] [ND] [WA]	[MI] [OH] [WV]	[MN] [OK] [WI]	[MS] [OR] [WY]	[MO] [PA] [PR]
[IL] [MT] [RI] Full Name (Business or Name of As States in WI (Check " [AL]	[IN] [NE] [SC] [Last name fine Residence Additional Residence Additiona	[AZ] [IA] [NV] [SD] st, if individuates (Number or Dealer isted Has Sol check individual)	[KS] [NH] [TN] per and Street dicited or Interduals States) [AR]	[KY] [NJ] [TX] t, City, State	[LA] [NM] [UT] ;, Zip Code) it Purchasers	[CT]	[MD] [NC] [VA]	[[MA] [ND] [WA]	[MI] [OH] [WV]	[MN] [OK] [WI]	[MS] [OR] [WY]	[MO] [PA] [PR]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
ÌĮ	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	Common Preferred		
	Convertible Securities (including warrants)	S	\$
	Partnership Interests	\$ 950,000,000	\$515,250,000
	Other (Specify)	S	S
	Total		<u> \$515,250,000</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		-
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	,	
		Number Investors	Aggregate Dollar Amount of Purchase
	Accredited investors	75	\$515,250,000
	Non-accredited Investors	0	s 0
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	T f	N. H A
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	S
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	— ⊠	\$ 300,000
	Accounting Fees		<u> </u>
	Engineering Fees	_	s
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		S
	Total		\$ 300,000
		K-3	+

	C. OFFERING PRICE,	NUMBER OF INVEST	TORS, EXPENSES AND	USE OF PROCEEDS	
	b. Enter the difference between the aggregate offerin total expenses furnished in response to Part C - Ques proceeds to the issuer."	tion 4.a. This difference	is the "adjusted gross		\$ <u>949,700,000</u>
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for any the box to the left of the estimate. The total of the p to the issuer set forth in response to Part C - Question	purpose is not known, fi ayments listed must equa	urnish an estimate and che	ck	
				Payments to Officers, Directors & Affiliates	Payments To Others
	Salaries and fees			S \$ 92,796,407	□ s
	Purchase of real estate		***************************************	□ s	□ s
	Purchase, rental or leasing and installation of machin	ery and equipment		□ s	S
	Construction or leasing of plant buildings and faciliti	es	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	S	5
	Acquisition of other businesses (including the value used in exchange for the assets or securities of anoth	of securities involved in er issuer pursuant to a me	this offering that may be erger)		□ s
	Repayment of indebtedness			□ s	□ s
	Working capital		······································		S \$ 856,903,59.
	Other (specify):			□ \$	□ \$
	Column Totals	***************************************		S 92,796,407	⊠ \$ <u>856,903,593</u>
	Total Payments Listed (column totals added)	••••••		⊠ \$ _949,70	000,00
_		D. FEDERAL	SIGNATURE		
n ı	issuer has duly caused this notice to be signed by the und indertaking by the issuer to furnish the U.S. Securities an accredited investor pursuant to paragraph (b)(2) of Rule 5	d Exchange Commission,			
SS	rer (Print or Type)	Signature	Di	ate	
	IOM ASIA PRIVATE CAPITAL FUND II, L.P.	1		ugust 15, 2008	· · · · ·
	ne of Signer (Print or Type) whong Goh	Title of Signer Frin Director of AXIOM A the General Partner of	SA PRIVATE CAPITAL	ASSOCIATES, LTD., th	ne General Partner of

ATTENTION

Intentional Misstatements or Omissions of Fact Constitute Federal Criminal Violations. (See 18. U.S.C. 1001.)

